EXHIBIT C

Case 06-10725-gwz Doc 9566	PRO	OF OF CLAIM	9:03 Pa @	je 2 of 11
Name of Debtor	Case Nu	mber .		
USA Commercial Mortgage Company		25-LBR		
OOA Commercial Mortgage Company	00-107	29-LDR		
NOTE See Reverse for List of Debtors and Case Numbers	L			
This form should not be used to make a claim for an administrative expe		Check box if you are		
ansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	oran	aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		B BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
11321242035473	3	Cheek how if your hours		B INCLUDES MONEY FROM THAT
GLADSTONE-KATZ, GALE - TRUSTEE		Check box if you have never received any notices		
1320 NORTH STREET #29		from the bankruptcy court or BMC Group in this case		118 PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
SANTA ROSA CA 95404		Check box if this address	ONE OF THE DE	BTORS
CALE CHADSTONE-KATZREVOCABLE TR	eur 1	differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (187)-571-2012		court.		CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor	Check here replac	es	
211		if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	alaries, and compensation (f	ill out below)	Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid co	empensation for services per	formed from	to
2. DATE DEBT WAS INCURRED /2-//-2 002-	12 15 00	NIDT INDOMENT BATE O		(date) (date)
2. DATE DEST WAS INCURRED 2-16-2002- 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	OURT JUDGMENT, DATE On the your claim and state the amount of the control of the	int of the claim at	the time case filed.
See reverse side for important explanations		SECURED CLAIM		and divide date into a
UNSECURED NONPRIORITY CLAIM \$ 6 17 0 59 Check this box if a) there is no collateral or hen securing your claim or b) y			ur claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you	your claim ur claim is	a nght of setoff)		.od by conatoral (moderng
entitled to priority UNSECURED PRIORITY CLAIM	_	Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ Unk	NowN
Amount entitled to pnority \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any \$	10,47	140
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar	rd purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family or Taxes or penalties owed to gov		
business whichever is earlier - 11 U S C § 507(a)(4)	ŏ	Other - Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust	ment on 4/1/07 ai	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ / 11 0 CQ 0 5 \$	21 1	with respect to cases commend	ed on or after the	date of adjustment
AT TIME CASE FILED (unsecured)	1 405	<u>7, 01</u> \$	(procts)	\$ 677,059.05
Check this box if claim includes interest or other charges in addition to the	•	•	(priority) nized statement d	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit				
7 SUPPORTING DOCUMENTS Attach copies of supporting documents	ments, suc	h as promissory notes, nurcl	nase ordere inv	orces stemped statements of
roming accounts, contracts, coult judgifields, inominates, secific ac	oreements.	SDC SVICENCE At hertection (∧flian DΩNIΩ	T SEND ORIGINAL
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proor or claim				envelope and copy of this
The original of this completed proof of claim form must be sent	by mail or	hand delivered (FAXES NO	DT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailing	Pacific time on November	r 13 2006	USE ONLY
governmental units)			u į	LISA CNO
bwc Group	BMC Group			USA CMC
Attn USACM Claims Docketing Center P O Box 911	Attn USAC	M Claims Docketing Center Franklin Avenue		1072502277
El Segundo, CA 90245-0911	El Segundo	o, CA 90245		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorne	creditor or o	ther person authorized to file	- Robert	FILED JAN 12 40
1/10/2007	γ " «ΈΣΙΝΑ	CLASON -	TRUT	ONIVI & 40
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Penalty for presenting fraudulent claim is time at up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Case 06-10725-gwz FORM_B10 (Official Form 10) (10/05) Doc 8566-3 Entered 06/27/11 14:29:03 Page 3 of 11 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (The person or other entity to whom the debtor owes money or property): FIRST SAVINGS BANK CUSTODIAN FOR GEORE W. HUBBARD Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ROTH IRA Check box if you have never received any Name and address where notices should be sent: notices from the bankruptcy court in this ROBERT C. LEPOME 10/20 S. EASTERN # Check box if the address differs from the LENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS FOR COURT USE Telephone number: (フレン) 492 = 127/ the court. Last four digits of account or other number by which creditor Check here I replaces 1645 if this claim amends a previously filed claim, dated: identifies debtor: Retiree benefits as defined in 11 U.S.C. § 1114(a) **Basis for Claim** GENERAL UNSECURED DE CHAIM - CLASS 4 Wages, salaries, and compensation (fill out below) m Goods sold Last four digits of your SS #: Services performed Unpaid compensation for services performed Money loaned \Box Personal injury/wrongful death (date) (date) NEGLICENCE & FRAUD Date debt was incurred: JAN 1, 2005 If court judgment, date obtained: APRIL 12, 2006 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim \$ 156,125 Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or a right of sctoff). b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief Description of Collateral: ☐ Real Estate ☐ Motor Vehicle Other. Unsecured Priority Claim Value of Collateral: \$_ Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ Amount entitled to priority \$ Up to \$2,225* of deposits toward purchase, lease, or rental of property Specify the priority of the claim: or services for personal, family, or household use - 11 U.S.C ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). (a)(1)(B) ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). s 156,12 56,125 S. Total Amount of Claim at Time Case Filed: (treecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of THIS SENCE IS FOR COURT USE ONLY making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the FILED JAN 0 8 2007 documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Sign and print the name and title, if any of the creditor or other person authorized to file this claim filtrach copy of power of attorney, if any): BAR# 1980 EPOME, ATTY FOR CLAIMANT

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C

USA CMC

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM				
Name of Debtor USA Commercial Mortgage Company	THOSE OF OUR					
NOTF This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in						
Name of Creditor (The person or other entity to whom the debtor owes money or property). Dwight W. Harouff, Manager Gold Plated LLC, Dwight W. Harouff, Manager Name and address where notices should be sent Dwight W. & Mary Ann Harouff	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case.					
5680 Ruffian Road Las Vegas, NV 89149 Telephone number (702) 873-6688	Check box if the address differs from the address on the envelope sent to you by	This Space is for Court Use Only				
Last four digits of account or other number by which creditor identifies debtor	the court. Check here replaces rf this claim amends a previously filed	claim dated				
1 Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service fromto_ (date)	USC § 1114(a) on (fill out below) es performed				
2. Date debt was incurred June, 2005	3. If court judgment, date obtained					
4 Classification of Claim. Check the appropriate box or boxes to See reverse side for important explanations Unsecured Nonpriority Claim § 752,859 27 Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$	which is Check this box if your claim is a right of setoff	chicle Other————————————————————————————————————				
5 Total Amount of Claim at Time Case Filed \$ 752,859 27 752,859 27 (ursecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6. Credits The amount of all payments on this claim has bee making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts, contagreements and evidence of perfection of lien DO NOT SEI documents are not available explain. If the documents are volid Bate-Stamped Copy. To receive an acknowledgment of the faddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of file this claim (attach copy of power of attall 1/9/07).	the creditor or other person authorized to price is such as promissory notes, purchase racts, court judgments mortgages, security ND ORIGINAL DOCUMENTS If the uninous attach a summary liling of your claim, enclose a stamped self [1] the creditor or other person authorized to price if any)	JAN 1 0 2007				
Penalty for presenting fraudulent claim. Fine of up to \$500 000 of	Dwight W Harouff, Manager Imprisonment for up to 5 years or both 18 U.S.(USA CMC				

	Case	06-10725-gwz Doc 85		Ent	ered 06/27/11 14:2	29:03 Pac	e 5 of 11
			Р	RO	OF OF CLAIM		
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	3985 LAKE P RENO NV 89	LIVING ED 6/28/00 LLE A GOODNESS TRUSTEE PLACID DR	01438		statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DE If you have ain Bankruptcy Court	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again RE IS FOR COURT USE ONLY
		other number by which creditor identi	ifiec deblo	_		THOSTAC	E 10 F OR COOK! COE CIRC!
		outer number by which deduct identi	mes danio	<u> </u>	Check here repla	 a previously 	filed claim dated
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יו	Money loaned	Other (describe briefly)			ompensation for services pe	rformed from	to
2 DA	TE DEBT WAS INCUR	RED	3	IF CC	OURT JUDGMENT, DATE (BTAINED	
		AIM Check the appropriate box or boxe	s that best	descri	e your claim and state the amo	ount of the claim at t	he time case filed
1	reverse side for important	•			SECURED CLAIM		
	ECURED NONPRIORIT					our claim is secui	red by collateral (including
		s no collateral or lien securing your claim or operty securing it or if c) none or only part			a right of setoff)		or a, condition (modeling
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гт v	Vages salaries or commis	ssions (up to \$10 000)* earned within 180 tcy petition or cessation of the debtor's			services for personal family of	or household use -1	1 U S C § 507(a)(7)
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	Contributions to an employe	ee benefit plan 11 U S C § 507(a)(5)		ш	Other - Specify applicable par	_	
					* Amounts are subject to adju- with respect to cases commen		
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	TIME CASE FILED	(unsecured)		(86	ecured)	(pnonty)	(Total)
Ш	neck this box it claim inclu	udes interest or other charges in addition	to the prin	icipal a	amount of the claim. Attach ite	imized statement o	f all interest or additional charges
7 SU	IPPORTING DOCUM nning accounts contract OCUMENTS If the doc	of all payments on this claim has been MENTS Attach copies of supporting cts, court judgments, mortgages, secutiuments are not available, explain of the control of the con	document unty agree the docum	i <u>s,</u> suo ments nents a	ch as promissory notes pure s, and evidence of perfection are voluminous attach a sui	chase orders inv n of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
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	in USACM Claims Doci O Box 911	Acting Cerrer			CM Claims Docketing Cente Franklin Avenue	en 511	ED DEC 0 7 2006
EI .	Segundo CA 90245-09		, El Se	gund	o CA 90245		
DATE		SIGN and print the name and title if any this class (attach good of power of			other person authonzed to file		
1:	2/6/06		attorney if				USA CMC
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

1072501743

Case 06-10725-gwz Doc 8566-3 Entered 06/27/11 14:29:03 Page 6 of 11 UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM							
UNITED STATE DISTR	S BANKRUPTCY COURT CT OF NEVADA	PRO	OOF OF CLAIM		?		
Name of Debtor	***	Case Number			•		
USA Commercial M	ortgage Company	06-107	725-LBR		·		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address 11321242035676 GUNNING TOBY 7245 BROCKWAY COURT RENO NV 89523			Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	WHOSE LOAN IS E DEBTORS YOU DO OF CLAIM THIS IN BORROWER HELD DO NOT FILE THIS SECURED INTERE ONE OF THE DEBT If you have alrea Bankruptcy Court of	dy filed a proof of claim with the r BMC you do not need to file again		
Creditor Telephone Number (court	THIS SPACE	IS FOR COURT USE ONLY		
# 68	other number by which creditor identifies $^{\circ}$	debtor	Check here replace or f this claim amer		iled claim dated 12/6/06		
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
Goods sold	Personal injury/wrongful death		salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)		
Services performed Money loaned	Taxes Other (describe briefly) See Exhibit A		r digits of your SS # compensation for services pe	rformed from	to		
2 DATE DEBT WAS INCUR		3 IE 0	OURT JUDGMENT, DATE O	PRTAINED	(date) (date)		
1	AIM Check the appropriate box or boxes that	1	ribe your claim and state the amo		e time case filed		
exceeds the value of the preentitled to priority UNSECURED PRIORITY CL	s no collateral or lien securing your claim or b) operty securing it or if c) none or only part of you	your claim our claim is		f collateral Motor Vehicle			
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6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim							
ACCEPTED) so that it is	The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and						
BY MAIL TO BMC Group Attn USACM Claims Doo P O Box 911 El Segundo, CA 90245-09	911	BMC Gro Attn US 1330 Ea El Segur	ACM Claims Docketing Cente st Franklin Avenue ndo CA 90245		FILED JAN 12 2007		
DATE SIGN and print the name and title if any of the creditor or other person authonzed to file this claim (attach copy of power of attorney if any) USA CMC USA CMC							
Penalty for presenting fraudulent	t claim is a fine of up to \$500 000 or imprisonme	ent for up to	5 vears or both 18 U.S.C. §§	152 AND 3571			

UNITED STATES	BANKRUPTCY COURT	D	istri	T OI	Nev	ada	PROOF OF CLAIM
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	MERCIAL MORTGAGE COMPAN					-25-LBR	
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See reverse side	for important explanations. riority Claim \$253,672,92		l S	ecure	d Clair	m	
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Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) or services for personal, family, or household use - 11 U S C § 507(a)(7)							
Wages, salaries, or commissions (up to \$10,000) * earned within 180							
days before filing o	f the bankruptcy petition or cessation of the debt r is earlier - 11 U.S.C. § 507(a)(4)	or's L	_		-		sh of 11 USC § 507(a)()
*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.							
5 Total Amount of Claim at Time Case Filed \$2.53,672.92 \$2.53,672.92 \$2.53.672.92							
(unaccured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.							
6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of This Sevice is for Court Use Only							
making this proof of claim							
7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security USA CMC							
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the							
documents are not available, explain If the documents are voluminous, attach a summary 8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-							1072502285
addressed envelope and copy of this proof of claim							
Date /	file this claim (attach copy of power of attorney of any)					ED JAN 1 2 2007	
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ľ	ISA Commercial M	lortgage Company	06-10	725-LBR		
This arisi	form should not be used ng after the commencem	of Debtors and Case Numbers. I to make a claim for an administrative elent of the case. A "request" for payment to 11 U.S.C. § 503.	expense nt of an	Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Nar	me of Creditor and HANSEN, TE P O BOX 458 SPARKS NV	Address: 11321242035 RRY 3 89432	769	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU D OF CLAIM. THIS BORROWER HEL DO NOT FILE THI SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court	BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT IN THE COLLECTION ACCOUNT. S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT BTORS. Bady filed a proof of claim with the or BMC, you do not need to file again. E IS FOR COURT USE ONLY.
		(77)5-722-9234	o dobtor		THIS SPACE	E IS FOR COORT USE ONL!
Last	four digits of account or	other number by which creditor identifie	es debior:	Check here	O WEALTONIA TORK	filed claim dated:
1. B	ASIS FOR CLAIM		Retiree	benefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death	□ Wages.	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
	Services performed	Taxes		r digits of your SS #:		(not for loan balances)
	Money loaned	Other (describe briefly)		compensation for services pe	rformed from:	(date) to
2. D	ATE DEBT WAS INCUR	RÉD:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(sears)
4. C	LASSIFICATION OF CL	AIM. Check the appropriate box or boxes				ne time case filed.
1	ee reverse side for important	·		SECURED CLAIM		
UN	SECURED NONPRIORI			Check this box if v	our claim is secur	ed by collateral (including
Ш	exceeds the value of the pr	s no collateral or lien securing your claim, or roperty securing it, or if c) none or only part o	b) your claim of your claim is			
	entitled to priority.			Brief description of	f collateral:	
IONS	SECURED PRIORITY CL	AIM an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
╙	entitled to priority.	an disecuted daini, and part of which is		Value of Collateral	: \$ 1 <i>05</i>	5000.
	Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in
	Specify the priority of the cl	laim:		secured claim, if any:	\$	
	Domestic support obligation	ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(E	3)	Up to \$2,225* of deposits town		
		ssions (up to \$10,000)*, earned within 180 de toy petition or cessation of the debtor's	ays 🕝	services for personal, family, of Taxes or penalties owed to go		• • • • • • • • • • • • • • • • • • • •
		lier - 11 U.S.C. § 507(a)(4).	F	Other - Specify applicable par		, , , , , , , , , , , , , , , , , , ,
	Contributions to an employ	ree benefit plan - 11 U.S.C. § 507(a)(5).	1	* Amounts are subject to adju		
				with respect to cases commer		date of adjustment.
	OTAL AMOUNT OF CLA AT TIME CASE FILED:	NM \$	1050	<u>ಯ ಕ</u> ್ಕಾ		\$ 105000.00
		(unsecured) udes interest or other charges in addition t	,	secured) amount of the claim. Attach ite	(priority) emized statement o	(Total) f all interest or additional charges.
7. S	SUPPORTING DOCUMENTS, contraction of the documents.	of all payments on this claim has been of MENTS: Attach copies of supporting dots, court judgments, mortgages, securicuments are not available, explain. If the PY: To receive an acknowledgment of	ocuments, si ty agreement ne documents	uch as promissory notes, pur ts, and evidence of perfectior s are voluminous, attach a su	chase orders, involved of lien. DO NO mmary.	oices, itemized statements of T SEND ORIGINAL
4	ACCEPTED) so that it is	pleted proof of claim form must be s actually received on or before 5:00	pm, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
GE A	or each person or entit governmental units). 3Y MAIL TO: 3MC Group Attn: USACM Claims Doc 2. O. Box 911 El Segundo, CA 90245-0	•	BY HAND BMC Gro Attn: USA 1330 Eas	OR OVERNIGHT DELIVERY TO);	en e
DAT		SIGN and print the name and title, if any, o	of the creditor of	or other person authorized to file	**.	
10	1-31-06	this claim (attach copy of power of a	uomey, ir any) 1es—	Truster		

FURM BID (Unicial Futili TV) (TUTOS)					
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR				
NOTE. This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may					
Name of Creditor (The person or other entity to whom the debtor owes money of property) Dwight W Harouff & Mary Ann Harouff Trustees of the Harouff Chantable Remainder Trust 9/5/96 Name and address where notices should be sent Dwight W & Mary Ann Harouff 5680 Ruffian Road Las Vegas, NV 89149	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the				
Telephone number (702) 873-6688	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor.	Check here replaces a previously filed camends a previously filed camends.	claim dated			
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed			
2. Date debt was incurred July, 2005	3. If court judgment, date obtained				
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 284,090 98 Check this box if a) there is no collateral or lien securing you be by your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B) Wages salaries or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	Secured Claim Triclaim or none or Brief Description of Collateral Real Estate Motor Vel Value of Collateral \$ unkni Amount of arrearage and other charges secured claim if any \$ 4,090 98 Up to \$2 225* of deposits toward purch or services for personal family or house \$ 507(a)(7) Taxes or penalties owed to governmental or is a secured to adjustment on 41/00 *Amounts are subject to adjustment on 41/00 **Amounts are subject to adjustment on 41/00 **The content is sages an amount of the content of the conte	chicle Other————————————————————————————————————			
5 Total Amount of Claim at Time Case Filed \$ 284090 98					
6. Credits The amount of all payments on this claim has been making this proof of claim. 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are volu 8. Date-Stamped Copy To receive an acknowledgment of the first addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of file this claim (attach copy of power of attored).	the creditor or other person authorized to street if any)	HIS SPACE IS FOR COURT USE ONLY			
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	Dwight W Harouff, Trustee	USA CMC 1072501963			

	PISTR	ES BANKRUPTCY COURT RICT OF NEVADA	PROOF OF CLAIM		Jus Fal	JE-17 (II-11
1	me of Debtor		Case Nu			
1	USA Commercial M	lortgage Company	06-107	725-LBR		
	···					
This	s form should not be used ing after the commencem	t of Debtors and Case Numbers d to make a claim for an administrative ex nent of the case A request" for paymen be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
	me of Creditor and	مندونة برصنونات أأحاث والمسال برسانة والمساور والمساور والمساور والمتارك وورث والمساور		to your claim Attach copy of statement giving particulars		S BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
]		113212420358	72			S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
	HEINBAUGH	·		Check box if you have never received any notices		
	P O BOX 853 INCLINE VILI	37 LLAGE NV 89452		from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
				Check box if this address	ONE OF THE DE	
1				differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again
Cre	ditor Telephone Number	(773 831-6566		court		CE IS FOR COURT USE ONLY
		other number by which creditor identifies	debtor	Check here replan	ces	
	•	9.		if this claim amer	. a previousi	y filed claim dated
1 E	BASIS FOR CLAIM	Γ	Retiree	benefits as defined in 11 U S		Unremitted principal
	Goods sold	Personal injury/wrongful death		salanes and compensation (Other claims against servicer
	Services performed	☐ Taxes		r digits of your SS #		(not for loan balances)
B	Money loaned	Other (describe briefly)	Unpaid (compensation for services pe	rformed from	to
						(date) (date)
	DATE DEBT WAS INCUR			OURT JUDGMENT, DATE C		the time case filed
	iee reverse side for important	AIM Check the appropriate box or boxes that explanations	at best descr	•	unt of the claim at	the time case filed
UN	SECURED NONPRIORIT	TY CLAIM \$		SECURED CLAIM	our alaim is sooi	red by collateral (including
		is no collateral or lien securing your claim or largerty securing it or if c) none or only part of		Check this box if you a right of setoff)	our claim is sect	area by conateral (including
	entitled to priority	roperty securing it of it of holle of only part of	your dain is	Brief description of	f collateral	
UN	SECURED PRIORITY CL			K Real Estate	Motor Vehicl	e Dother
╙	entitled to priority	an unsecured claim all or part of which is		Value of Collateral		
	Amount entitled to priority	\$		Amount of arrearage a	nd other charge:	s at time case filed included in
	Specify the priority of the cl	claim		secured claim if any		
		ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase leas	e or rental of property or
		issions (up to \$10 000)* earned within 180 day	ys _	services for personal family of		•
-		otcy petition or cessation of the debtor's dier 11 U S C § 507(a)(4)	F	 Taxes or penalties owed to go Other Specify applicable part 		• ` ` ` `
	Contributions to an employ	yee benefit plan 11 U S C § 507(a)(5)	<u></u>	* Amounts are subject to adju-	• .	
<u> </u>				with respect to cases commer		e date of adjustment
	FOTAL AMOUNT OF CLA AT TIME CASE FILED	¥ ¥	•	, <u>000</u> \$		\$ 125,000
		(unsecured)	•	secured)	(priority)	(Total)
		cludes interest or other charges in addition to				
		of all payments on this claim has been cr			• .	
' '	running accounts contract	MENTS <u>Attach copies of supporting do-</u> icts, court judgments mortgages security	<i>cuments,</i> si / agreemen	uch as promissory notes pure ts and evidence of perfection	chase orders in of lien DO NO	voices itemized statements of DT SEND ORIGINAL
	DOCUMENTS If the doc	cuments are not available explain If the	documents	are voluminous attach a sui	mmary	
	DATE-STAMPED COP proof of claim	PY To receive an acknowledgment of t	he filing of y	your claim enclose a stampe	d self-addresse	d envelope and copy of this
		npleted proof of claim form must be se	nt by mail	or hand delivered (FAXES N	NOT	THIS SPACE FOR COURT
	ACCEPTED) so that it is	s actually received on or before 5 00 p	m, prevaili	ng Pacific time, on Novemb	er 13, 2006	USE ONLY
	for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)					
BY MAIL TO BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FI FI OCT 0 5 200					LED OCT 0 5 2006	
1	Attn USACM Claims Doc	cketing Center	Attn USA	ACM Claims Docketing Cente	er }	LLD 001 0 2 200
	P O Box 911 El Segundo CA 90245-09	9911		st Franklin Avenue ido CA 90245		USA CMC
DA		SIGN and print the name and title if any of	the creditor of	or other person authorized to file		
	10/2/06	this claim (attach copy of power of atte				1072500442
	14/2/100	I All Ant C KX 3	102174	A HEINDAUGI	H	

8 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2	lieren 06/27/11 14:29:03 Page 11 0 11
UNITED STATES BANKRUPTCY COURT PRODUCTION DISTRICT OF NEVADA	OOF OF CLAIM
Name of Debtor Case No	umber .
USA COMMERCIAL MORTGAGE COMPANY 06	-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers	
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address:	statement grving particulars
JAMICE JAMIS TRUSTEE OF the LIVING TRUST	Check box if you have
dated 2/3/99 C/O JANICE JANIS TRUSTEE	never received any notices
C/O JANICE JANIS TRUSTEE	from the bankruptcy court or BMC Group in this case DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
406 Pearl ST	ONE OF THE DEBTORS
Boulder, Co 80302-4931	Check box if this address differs from the address on the
	envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (303 443-7474	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed claim dated 61-09-07
283	ff this claim amends
	benefits as defined in 11 USC § 1114(a) Unremitted principal
Goode sold Personal mum/huronaful death	salaries and compensation (fill out below)
Congoo porformed Tayor	r digits of your SS # (not for loan balances)
Money loaned Other (describe briefly) Linnard	compensation for services performed from to
See ExhibiT A	(date) (date)
2 DATE DEBT WAS INCURRED. //-2/-03 3 IF C	OURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best described to the company of the company	ribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ 202, 956 24	Check this box if your claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is	
entritled to priority	Bnef description of collateral
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority	Value of Collateral \$ UNKNOWN
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in
Specify the priority of the claim.	secured claim, if any \$ 2956, 24
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Other - Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 202 956 24 \$ 202.	95/24 \$ \$ 200 95/24
AT TIME CASE FILED	· · · · · · · · · · · · · · · · · · ·
	amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	· · · · · · · · · · · · · · · · · · ·
7 SUPPORTING DOCUMENTS. <u>Attach copies of supporting documents</u> , single running accounts contracts, court judgments, mortgages security agreements.	Such as promissory notes, purchase orders, invoices, itemized statements of
DOCUMENTS If the documents are not available, explain If the documents	•
8 DATE-STAMPED COPY- To receive an acknowledgment of the filing of proof of claim	your claim enclose a stamped, self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by mail	
ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing for each person or entity (including individuals, partnerships, corporate	
governmental units)	
BY MAIL TO BY HAND BMC Group BMC Gro	OOR OVERNIGHT DELIVERY TO DUD
· · · · · · · · · · · · · · · · · · ·	ACM Claims Docketing Center
	st Franklin Avenue FILED JAN 11 2007
DATE SIGN and print the name and title if any of the creditor of	or other person authorized to file USA CMC
this claim (attach copy of power of attorney if any)	, II. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
01/10/07	7 Luste